



*Mailed to Applewood*

**DIVISION OF WORKERS' COMPENSATION**  
**WORKERS' COMPENSATION APPEALS BOARD**

**NOTICE OF HEARING**

**EMPLOYEE:** TIFFANY ANDERSON

**EMPLOYER:** SAN JOAQUIN MOSQUITO AND VECTOR CTL

**INSURER:** ACCLAMATION SACRAMENTO

**DATE OF SERVICE:** 12/30/2016

**EAMS CASE NBR(s):** ADJ9066508  
ADJ7004227  
ADJ7004221  
ADJ7976768  
ADJ7010682

**TYPE OF HEARING:** MSC

**DATE OF HEARING:** 03/06/2017 MONDAY

**TIME OF HEARING:** 01:30 P.M.

**HEARING LENGTH (HOURS):**

**LOCATION:** 31 E CHANNEL ST STE 344

STOCKTON CA 95202

**Map available at:** <http://www.dir.ca.gov/dwc/dir2.htm>

**JUDGE:** Alvin Webber  
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

**SPECIAL COMMENTS/INSTRUCTIONS:**

**NOTICE TO INJURED WORKERS:** IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

**NOTICE TO PARTIES:** **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

**NOTICE TO INSURER:** The employer will not receive Notice of Hearing.



**DIVISION OF WORKERS' COMPENSATION**  
**WORKERS' COMPENSATION APPEALS BOARD**

**NOTICE OF HEARING**

**DATE OF SERVICE:** 12/30/2016  
**EAMS CASE NBR(s):** ADJ9066508  
ADJ7004227  
ADJ7004221  
**EMPLOYEE:** TIFFANY ANDERSON  
**EMPLOYER:** SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT  
ADJ7976768  
ADJ7010682  
**INSURER:** ACCLAMATION SACRAMENTO

**TYPE OF HEARING:** MSC  
**DATE OF HEARING:** 03/06/2017 MONDAY  
**TIME OF HEARING:** 01:30 P.M.  
**HEARING LENGTH (HOURS):**  
**LOCATION:** 31 E CHANNEL ST STE 344

STOCKTON CA 95202

**Map available at:** <http://www.dir.ca.gov/dwc/dir2.htm>

**JUDGE:** Alvin Webber  
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

**SPECIAL COMMENTS/INSTRUCTIONS:**

**NOTICE TO INJURED WORKERS:** IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

**NOTICE TO PARTIES:** **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator** at 1-866-681-1459 (toll free) or through the **California Relay Service**, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

**NOTICE TO INSURER:** The employer will not receive Notice of Hearing.



**DIVISION OF WORKERS' COMPENSATION**  
**WORKERS' COMPENSATION APPEALS BOARD**

**NOTICE OF HEARING**

**DATE OF SERVICE:** 12/30/2016  
**EAMS CASE NBR(s):** ADJ9066508  
ADJ7004227  
ADJ7004221  
**EMPLOYEE:** TIFFANY ANDERSON  
**EMPLOYER:** SAN JOAQUIN COUNTYIF MOSQUITO AND VECTOR CONTROL DISTRIC ADJ7976768  
**INSURER:** ACCLAMATION SACRAMENTO ADJ7010682

**TYPE OF HEARING:** MSC  
**DATE OF HEARING:** 03/06/2017 MONDAY  
**TIME OF HEARING:** 01:30 P.M.  
**HEARING LENGTH (HOURS):**  
**LOCATION:** 31 E CHANNEL ST STE 344

STOCKTON CA 95202

**Map available at:** <http://www.dir.ca.gov/dwc/dir2.htm>

**JUDGE:** Alvin Webber  
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

**SPECIAL COMMENTS/INSTRUCTIONS:**

**NOTICE TO INJURED WORKERS:** IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

**NOTICE TO PARTIES:** **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator** at 1-866-681-1459 (toll free) or through the **California Relay Service**, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

**NOTICE TO INSURER:** The employer will not receive Notice of Hearing.



**DIVISION OF WORKERS' COMPENSATION**  
**WORKERS' COMPENSATION APPEALS BOARD**

**NOTICE OF HEARING**

**DATE OF SERVICE:** 12/30/2016  
**EAMS CASE NBR(s):** ADJ9066508  
ADJ7004227  
ADJ7004221  
**EMPLOYEE:** TIFFANY ANDERSON  
**EMPLOYER:** SAN JOAQUIN MOSQUITO AND VECTOR CONTROL DISTRICT ADJ7976768  
**INSURER:** ACCLAMATION SACRAMENTO ADJ7010682

**TYPE OF HEARING:** MSC  
**DATE OF HEARING:** 03/06/2017 MONDAY  
**TIME OF HEARING:** 01:30 P.M.  
**HEARING LENGTH (HOURS):**  
**LOCATION:** 31 E CHANNEL ST STE 344

STOCKTON CA 95202

**Map available at:** <http://www.dir.ca.gov/dwc/dir2.htm>

**JUDGE:** Alvin Webber  
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

**SPECIAL COMMENTS/INSTRUCTIONS:**

**NOTICE TO INJURED WORKERS:** IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

**NOTICE TO PARTIES:** **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

**NOTICE TO INSURER:** The employer will not receive Notice of Hearing.



## DIVISION OF WORKERS' COMPENSATION

### WORKERS' COMPENSATION APPEALS BOARD

# NOTICE OF HEARING

**DATE OF SERVICE:** 12/30/2016  
**EAMS CASE NBR(s):** ADJ9066508  
ADJ7004227  
ADJ7004221  
ADJ7976768  
ADJ7010682

**EMPLOYEE:** TIFFANY ANDERSON  
**EMPLOYER:** SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL  
**INSURER:** ACCLAMATION SACRAMENTO

**TYPE OF HEARING:** MSC  
**DATE OF HEARING:** 03/06/2017 MONDAY  
**TIME OF HEARING:** 01:30 P.M.  
**HEARING LENGTH (HOURS):**  
**LOCATION:** 31 E CHANNEL ST STE 344

STOCKTON CA 95202

*Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>*

**JUDGE:** Alvin Webber  
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

#### **SPECIAL COMMENTS/INSTRUCTIONS:**

**NOTICE TO INJURED WORKERS:** IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

**NOTICE TO PARTIES:** **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator** at 1-866-681-1459 (toll free) or through the **California Relay Service**, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

**NOTICE TO INSURER:** The employer will not receive Notice of Hearing.



STK-ADJ  
31 E CHANNEL ST STE 344  
STOCKTON CA 95202

---

TIFFANY ANDERSON  
2856 APPLEWOOD DR  
LODI CA 95242

---